

Abstract 441

TITLE: HIV and the Cycle of Trauma in Gay Men

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ISSUE: HIV prevention efforts have been unable to account for the fact that while some individuals have not been able to reduce personal HIV risk behavior, there are those who have returned to high-risk activities. At the same time, two phenomena, medications with high resistance profiles and a return to high-risk "activities," as demonstrated by the "bareback" movement, threaten to reverse current medical advances. Sexual trauma, and specifically the trauma of homophobia in childhood has profound effects on the ability of adult gay men to negotiate risk, but has been largely overlooked by HIV prevention strategies. The oppression that is homophobia has far-reaching effects upon self-esteem, trust and the interpersonal efficacy of the gay child. "Risk reduction calls for enhancement of interpersonal efficacy rather than simply targeting a specific infective behavior for change" (Bandura, 1994). Empowering the individual to address the symptomatology of childhood sexual trauma can result in the enhancement of interpersonal efficacy and have a resultant effect on HIV risk reduction.

SETTING: The intervention project can take place at a variety of settings ranging from HIV prevention programs and STD clinics, to individual and group psycho-educational programs. Its intended audience can similarly range from those personally struggling with HIV risk behavior to professionals and para-professionals in the field of HIV prevention policy.

PROJECT: The development of educational workshops and training seminars designed to increase awareness of the effect of childhood sexual trauma on adult HIV risk behavior. An understanding of the effect of dissociation, blurred interpersonal and sexual boundaries, psychological splitting, the psychobiology of trauma and a vulnerability to substance use issues and compulsive sexual behavior would be incorporated into prevention approaches. The proposed workshops would also discuss the ways in which traditional HIV prevention strategies have relied on public health obligation or imperative, rather than an educated personal choice. The survivor of sexual trauma, especially the trauma of homophobia, may initially respond to this sense of obligation. However, as Brazilian educator Paulo Freire warned, it is only a matter of time before this passive reception of education is reversed. This reactionary revolt explains in part the conscious return to HIV risk behavior as evidenced by, for example, the bareback movement. The goal of these workshops would be to help HIV prevention policy and programs develop a greater sensitivity to the issues of sexual trauma in gay men, and to incorporate this information into relevant risk-reduction strategies and programs.

RESULTS: The results from an intervention which incorporates an understanding of the undermining effects of sexual trauma could have a direct impact on the success of HIV prevention programs, as well as a reduction of HIV risk behavior on the individual level.

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